



Certificate of Physical Fitness

TO BE SUBMITTED WITH THE THEATRICAL WORK PERMIT APPLICATION AND A COPY OF THE MINOR'S BIRTH CERTIFICATE (OR OTHER ACCEPTABLE PROOF OF AGE).

TO BE COMPLETED BY PARENT/GUARDIAN/LEGAL CUSTODIAN

I, the parent, guardian or legal custodian of _____ hereby certify that my
(Minor's Name)

child has been examined by a physician on _____ and was found to be in
(Date)

good health and physically able to perform in the capacity of _____.
(Role/Occupation)

I give permission for him/her to be employed by _____.
(Company Name)

Signature of Parent _____ Date _____

TO BE COMPLETED BY PHYSICIAN

I hereby certify that the minor listed on this form has been thoroughly examined and:

_____ is physically qualified for the employment specified in the statement of the prospective employer.

_____ is physically qualified for the qualified period of _____, after which time a new examination is required.

_____ is physically qualified for with the following limitations: _____

Signature of Examiner _____ Date _____

Address of Examiner _____

PLEASE FORWARD THE APPLICATION 10 DAYS PRIOR TO THE OPENING DATE TO:

**OFFICE OF THE CHIEF OPERATING OFFICER
ACADEMIC PLANNING & SUPPORT – STUDENT AFFAIRS**

student.affairs@dc.gov

(202) 724-4104